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Indiana Family and Social Services Administration
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Community Integration and Habilitation (CIH) waiver amendment November 25, 2015

Frequently Asked Questions

Question: What is the goal of the CIH waiver amendment being submitted January 1, 2016?

Answer: The goal of the CIH waiver amendment being submitted January 1, 2016, is to:

- provide greater flexibility within the CIH waiver;
- to add services for individuals with more intense and complex needs;
- to combine services together to provide a more seamless service delivery to ensure greater health care outcomes for participants;
- and to allow for more individualized needs to drive service delivery.

Question: Why is there not more detailed information provided in each service definition for the general public to review?

Answer: When submitting a waiver amendment to the [Centers for Medicare & Medicaid Services](#) (CMS) for approval the following information must be contained in the amendment:

1. The group or groups of Medicaid beneficiaries who are served through this HCBS waiver.
2. The services that are furnished through the waiver.
3. The scope and nature of each waiver service and any limits on amount, frequency and duration that the state elects to apply to a service.
4. The qualification of the individuals or agencies that furnish each waiver service.
5. The number of unduplicated individuals that the state intends to serve each year the waiver is in effect

Waiver amendments are submitted using a CMS mandated web-based application and all text fields are character-limited. That is, they will only accommodate a certain amount of text as measured by character count. This limits the state's ability to add as much information into each definition as it may desire thus, more detailed information about the implementation and day-to-day operation of the waiver and its services will be captured in policies, procedures and guidance documents.



Question: Information has been shared that a consulting firm was used to assist the division in completing this waiver amendment. Is this true and what was their role?

Answer: Yes, Public Consulting Group (PCG) assisted the division with this waiver amendment. Their role was to assist in researching practices of other states as well as assist the division in writing the amendment itself. PCG was not responsible for the content of the amendment but did assist in making sure all aspects of required information was covered and there was consistency amongst service definitions..

Question: If CMS approves the amendment, when will all of the changes take place?

Answer: DDRS will be requesting an effective or implementation date of October 1, 2016. This date will allow for system changes to be made, for the development of policies and procedures around the new changes, for training of providers and case managers, and for DDRS to provide as much information as possible to families and participants about changes under the waiver.

Question: Last legislative session, language was put into the budget bill that indicated rate increases for some services under the CIH waiver to be effective July 1, 2016. Will those still go into place?

Answer: Yes, the rate increases for the services of Respite, Community Habilitation Group and Individual and Residential Habilitation and Support Individual and Daily will be increased on July 1, 2016. For the service that is currently Residential Habilitation and Support-Daily, if CMS approves the amendment, that service will move to Enhanced Residential Living.

Question: How will individuals, families and providers be able to be involved in the development of policies, procedures, and guidance documents that assist in implementing the changes?

Answer: DDRS has a [statutorily defined advisory council](#). This council will have subcommittees that will be working on aspects of implementation and will have representation from all stakeholders. The DDRS advisory council meetings are public meetings and subject to open door regulations. The work of the subcommittees will be shared at the monthly DDRS advisory council meetings and minutes from each meeting will be posted online at the conclusion of each meeting. DDRS will also continue to use the CIH Transform webpage as a way to gather input between now and October 2016.

Question: Information on the CIH Transform webpage indicated that the Division was looking to move towards either cost informed rates or cost reporting. Why is DDRS contemplating this change and what is the difference between cost informed vs. cost reporting?

Answer: The rate setting methodology is being evaluated because DDRS wants to determine what a reasonable cost for providing the defined service would be. Reasonable cost is being defined as a cost that includes the cost components which can realistically ensure that the desired outcomes of the service can be provided to the waiver recipient. Cost informed means using cost information to inform the rates that are established in order to ensure that the desired outcomes are obtained. A second way that cost information could be used is through cost reporting, similar to what is done in the ICF/ID

(group home) model by which the information that is submitted on a cost report sets the rates for the following years' service.

Question: Is DDRS moving to either cost informed or cost reporting with this waiver amendment?

Answer: No, this waiver amendment outlines changes in services and rates for those services but does **not** change the rate setting methodology for services under the CIH waiver. DDRS will be working with the DDRS Advisory Council, and its subcommittees, to work towards being able to collect cost information moving forward; however, this will not occur prior to implementation of these waiver changes. Through the Advisory Council, and its subcommittees, recommendations will be made to DDRS as to the best ways to collect cost information, the type of cost information to collect and the best way for the division to utilize the cost information.